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| Special Instructions to Filing Officer: |
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| SUBJEC | | Bidask Ladrillo LLC | | | | | |
| JUNE | ~!· <u> </u> | | Name of Lim | ited Liability Company | | | |
| | | | Amendment and fee(s) are sub | - | | | |
| Please re | enum e | i correspor | sdence concerning this matter | to the following: | | | |
| | | | Kathy Riano-Lopez | | | | |
| | | | | Name of Person | | | |
| | | | RIANO & ASSOCIATES | | | | |
| | Firm/Company | | | | | | |
| | 939 N. North Federal High Way, 2nd Floor | | | | | | |
| | | | | Address | | | |
| | | | Hollywood, FL 33020 | | | | |
| | | | kathy@rianoław.com | City/State and Zip Code | | | |
| | | | | to be used for future annual report noti | fication) | | |
| For furth | er info | ormation co | meerning this matter, please o | all: | | | |
| Kathy R | Riano-l | лрег. | | 954-696-147 | | | |
| | | Name of | Person | at () Area Code Daytim | e Telephone Number | | |
| Enclosed | d is a c | heck for th | e following amount: | | | | |
| ≘ \$25. | .00 Fili | ing Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclosed) | U \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| | Regi: Divis P.O. | ng Address stration S sion of Co Box 632 hassee, F | ection orporations 7 | Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL | porations "allahassee c Street, Suite 810 | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bidask Ladrillo LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 05/04/2016 and assigned Florida document number 1.16000088371 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CUBIC UNIT, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Hollywood _, Florida _

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | Name | Address | Type of Action |
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| n effective date is listed, the ster. If the date inserted in | e date must be specific and cannot be prior to date of filing or more than 90 days after filing.) in this block does not meet the applicable statutory filing requirements, this date is | Pursuant to 605.02 |
| coment's effective date of | on the Department of State's records. | will not be fisied |
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| is filed. | | |
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| | Signature of a member or authorized representative of a member | • |

Filing Fee: \$25.00